

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND

pm 7-21

2008 JUL 22 AM 9:50

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Michael J. Reasoner

Political Party (if applicable)

Democratic

Office Sought

State Representative

District (if Senate or House)

95

**FORM**

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

1343

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*Mike Reasoner*

**SIGNATURE OF PERSON FILING REPORT**

641-782-2693

**TELEPHONE**

7-20-08

**DATE SIGNED**

I AM FILING A July 21, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 11,068.85

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3,508.38

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**.....\$

14,577.23

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

996.59

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 13,580.64

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 60.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND-RAISER INCOME         |
|--------------------------|--|--|--|-----------------|-------------------------------------|
| 6-4-08                   | ID# 6430<br>CK# 1570                               | Iowa Rural Water State PAC<br>4221 South 22nd Avenue, East<br>Newton, Iowa 50208               |  | \$ 300.00       | <input checked="" type="checkbox"/> |
| 6-4-08                   | ID# 8251<br>CK# 1958                               | PRINPAC<br>711 High Street<br>Des Moines, Iowa 50392   |  | 250.00          | <input checked="" type="checkbox"/> |
| 6-4-08                   | ID# 6073<br>CK# 1112                               | Iowa Medical PAC<br>1001 Grand Avenue<br>West Des Moines, Iowa 50265-3502                      |  | 250.00          | <input checked="" type="checkbox"/> |
| 6-4-08                   | ID# 6046<br>CK# 4418                               | Justice For All PAC<br>218 6th Avenue<br>Des Moines, Iowa 50309-4091                           |  | 100.00          | <input checked="" type="checkbox"/> |
| 6-4-08                   | ID# 6056<br>CK# 3703                               | Bankers Unite in Legislative Decisions PAC<br>8800 NW 62nd Avenue<br>Johnston, Iowa 50131-6200 |  | 1,000.00        | <input checked="" type="checkbox"/> |
| 6-6-08                   | ID# 6118<br>CK# 2527                               | Iowa Optometric Association PAC<br>1454 30th Street, Suite 204<br>West Des Moines, Iowa 50266  |  | 250.00          | <input type="checkbox"/>            |
| 6-7-08                   | ID# 8363<br>CK# 471                                | Syngenta PAC<br>2 Righter Parkway<br>Wilmington, Delaware 19850-5458                           |  | 250.00          | <input type="checkbox"/>            |
| 6-30-08                  | ID# 9178<br>CK# 734                                | Union County Democratic Central Committee<br>811 North Spruce Street<br>Creston, Iowa 50801    |  | 100.00          | <input type="checkbox"/>            |
| 7-10-08                  | ID# 6486<br>CK# 1729                               | Iowa Telecom PAC<br>403 West 4th Street, North<br>Newton, Iowa 50208                           |  | 200.00          | <input type="checkbox"/>            |
| 7-14-08                  | ID# 6067<br>CK# 3861                               | Iowa Health PAC<br>6750 Westown Parkway, #100<br>West Des Moines, Iowa 50266                   |  | 250.00          | <input checked="" type="checkbox"/> |

SUB-TOTAL

\$ 2,950.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|--------------------------------|---|---|--|--------------------|---------------------------------------|
| 7-14-08                        | ID#<br>CK#  | Diane Sarich<br>2655 Pole Road<br>Diagonal, Iowa 50845                  |  | \$ 50.00           | <input checked="" type="checkbox"/>   |
| 7-14-08                        | ID#<br>CK#  | Reverse Entry - Void check #1079 (8-21-07) to<br>Harlan Racing Kennel   |  | 500.00             | <input type="checkbox"/>              |
| 6-2-08                         | ID#<br>CK#  | Iowa State Savings Bank<br>401 West Adams Street<br>Creston, Iowa 50801 | Check. Acct. Int.                                | 3.44               | <input type="checkbox"/>              |
| 7-7-08                         | ID#<br>CK#  | Iowa State Savings Bank<br>401 West Adams Street<br>Creston, Iowa 50801 | Check. Acct. Int                                 | 4.94               | <input type="checkbox"/>              |
|                                | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |

SUB-TOTAL

\$ 558.38

**TOTAL (If last page of this schedule)**

\$ 3,508.38

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

| DATE<br>EXPENDED<br>(MM/DD/YR)        | CANDIDATE<br>ID NUMBER<br>(if applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE    | PURPOSE<br>(DESCRIBE TRANSACTION)  | AMOUNT<br>EXPENDED |
|---------------------------------------|---|---|--|--------------------|
| 6-4-08                                | ID#<br>CK#  | Tumea and Sons<br>1501 Southeast 1st Street<br>Des Moines, Iowa 50315 | Fundraiser   | \$ 106.39          |
| 7-14-08                               | ID#<br>CK#  | Rural Iowa Crisis Center<br>Creston, Iowa 50801                       | Donation - Reverse entry for<br>cancelling check # 1079 (8-21-07) to<br>Harlan Racing Kennel | 500.00             |
| 7-14-08                               | ID#<br>CK#  | Mike Reasoner<br>702 New York Avenue<br>Creston, Iowa 50801           | Mileage 667 x .585 = 390.20  | 390.20             |
|                                       | ID#<br>CK#  |   |  |                    |
|                                       | ID#<br>CK#  |   |  |                    |
|                                       | ID#<br>CK#  |   |  |                    |
|                                       | ID#<br>CK#  |   |  |                    |
|                                       | ID#<br>CK#  |   |  |                    |
| SUB-TOTAL                             |   |   |  | \$ 996.59          |
| TOTAL (if last page of this schedule) |   |   |  | \$ 996.59          |

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97)

IN-KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

| DATE<br>RECEIVED<br>(MM/DD/YR) | NAME AND ADDRESS<br>OF CONTRIBUTOR                                  | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION<br>OF IN KIND<br>CONTRIBUTION | ESTIMATED<br>FAIR MARKET<br>VALUE | ✓ IF FOR<br>FUND-RAISER<br>CONTRIBUTION |
|--------------------------------|---|---|---|-----------------------------------|---|
| 6-4-08                         | Iowa Democratic Party<br>5661 Fleur Drive<br>Des Moines, Iowa 50321 |   | Invitations and<br>postage                | \$ 60.00                          | <input checked="" type="checkbox"/>     |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |

SUB-TOTAL \$ 60.00

TOTAL (If last  
page of this  
schedule) \$ 60.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)